

FD1000005681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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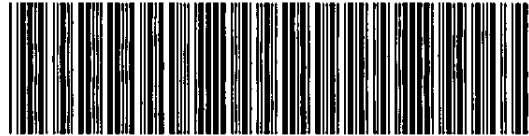
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC 16 AM 11:57

C.L.  
12-18-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Don Blake Co., Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F01000005681

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Blake

(Name of Person)

Don Blake Co., Inc.

(Firm/Company)

P.O. Box 21

(Address)

Live Oak, FL 32064

(City/State and Zip code)

For further information concerning this matter, please call:

Don Blake

(Name of Person)

at (386) 842-2030

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS

11 DEC 16 AM 11:57

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**Don Blake Co., Inc.**

(Name of Corporation)

**F01000005681**

(Document Number of Corporation (if known))

**the State of Georgia**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**P.O. Box 21**

(Mailing Address)

**Live Oak, FL 32064**

(City/ State /Zip)

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The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Don Blake*  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**December 12, 2014**

(Date)

**Don Blake**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**FILING FEE \$35**